

**MAILED**

**OCT 21 2003**

**U.S. PATENT AND TRADEMARK OFFICE  
BOARD OF PATENT APPEALS  
AND INTERFERENCES**



**UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office**

**ASSISTANT SECRETARY AND COMMISSIONER OF  
PATENTS AND TRADEMARKS  
Washington, D.C. 20231**

Paper No: 53

Felix J. D'Ambrosio  
P.O. Box 2266 Eads Station  
Arlington, VA 22202

Appeal No:  
Appellant:  
Application No:  
Hearing Room:  
Hearing Docket:  
Hearing Date:  
Hearing Time:  
Location:

2003-1780
Ueda, Takahisa
08/581,050
A
B
Tuesday, January 06, 2004
1:00 PM
Room 12C07 CRYSTAL GATEWAY 2 1225 Jefferson Davis Highway Arlington, VA 22202

**NOTICE OF HEARING**

**CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS**

Your attention is directed to 37 CFR § 1.194(a).

The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up.

The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced.

**CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED.**

This form must be completed below and filed with the Board of Patent Appeals and Interferences preferably by facsimile within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this form may alternatively be filed by mail if facsimile is not available.

Failure to file this form within this time period will be construed as a waiver of the request for oral hearing.

37 CFR § 1.136(a) does not apply.

By order of the Board of Patent Appeals and Interferences

BPAI HEARINGS FAX No:

(703) 308-6199 See  
1108 Off. Gaz. Pat. Trademark Office  
15 (Nov. 14, 1989)

BPAI Mailing Address:

BOARD OF PATENT APPEALS AND INTERFERENCES  
UNITED PATENT AND TRADEMARK OFFICE  
P.O. BOX 1450  
ALEXANDRIA, VIRGINIA 22313-11450

Clerk of the Board (703)-308-9797

In all communications relating to this appeal, please identify the appeal by its number.

CHECK ONE:

☐ HEARING ATTENDANCE CONFIRMED  
☐ HEARING ATTENDANCE WAIVED

Signature of Attorney/Agent/Appellant

Date

Registration No.